

## NEW PATIENT REFERRAL FORM

Please fully complete this form in order for us to serve you and the patient efficiently. Once you have completed this form and obtained the necessary medical records, please fax or email using the above provided contact information. Appointment scheduling is determined by the severity of illness and is scheduled directly with the patient. Once we have secured an appointment with the patient you will receive notification of the date and time of the appointment. If we are unable to reach the patient by the third phone call; we will notify your office so that follow up can occur with the patient. We thank you for your referral and we appreciate the opportunity to serve you and the patient.

### When to Refer?

#### Urgent Referrals- Call & Fax (Immediate-2 Days)

- Gross Hematuria
- Urinary Retention w/o Catheter
- Obstructing Stone
- Untreated UTI w/ Fever and Chills

#### Immediate Referrals (3-10 Days)

- Renal, Bladder, and Testicular Masses, Lesions, and Etc.
- Micro Hematuria (not chronic)
- Elevated PSA

#### Routine Referrals (1-3 Weeks)

- Kidney Stone (Asymptomatic)
- Chronic UTI
- Erectile Dysfunction
- Prolapse
- Incontinence
- Benign Prostatic Hyperplasia (BPH)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Circle One: MALE FEMALE

Address: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Primary Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insureds Name: \_\_\_\_\_ Insureds SSN: \_\_\_\_\_ Insureds DOB: \_\_\_\_\_

Claims Address: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Referring Group/Clinic: \_\_\_\_\_

Office Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Office Fax Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Referral Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

**Please include the following items:** \_\_\_\_\_ BMP / CMP / CBC \_\_\_\_\_ Urine Studies \_\_\_\_\_ Med List  
(Last 6 Months) (Last 12 Months)

\_\_\_\_\_ Physician Notes \_\_\_\_\_ Diagnostic Studies \_\_\_\_\_ Operative notes / Pathology Reports  
(Last two OV) (Any Imaging Related to Care) (Any Related to Care)

#### FORT SMITH

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